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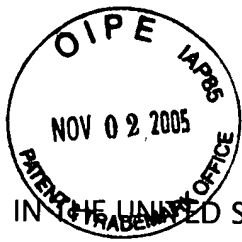
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Washington, D.C. 20231
Date: November 2, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Dr. Neal B. Gittleman, 50 Briar Hollow Lane, Houston, Texas 77027

Tel: 713 993 0003 Fax: 713 993 0223

Serial no.: 10/827,169

Art Unit :3732

Filing date: 4/19/2004 Examiner of Application: Melba N. Bumgarner

Title of Invention: Uniquely Positioned, Winged, Low Profile Impression Cap For
Use with Triple Tray, Reply to Final Response.

Commissioner of Patents and Trademarks

Washington, D.C. 20231

Sir:

Response to Detailed Action:

A request for a one month extension of time is included with this submission.

Corrections are made in the informalities of claim 3.

Claim 4 differentiates between the implant **abutment**, which remains attached to the implant set within the jawbone, and the implant **analog post** described in Claim 1, which is cast into a stone model. Both abutment and post snap to the low profile cap to transfer alignment from the jawbone to the stone model, but are separate entities. The implant post in this application is an "analog" of the implant with attached abutment. Applicant will use the term "implant analog post" to clarify his claims.

What remains important in this application to save time and money is the need to take simultaneous upper and lower impressions and a bite registration with a triple tray. In order for this to be accomplished, the impression caps and underlying hardware cannot intrude into the occlusal plane. It is inherent in the use of a triple tray that no transfer cap extend into the occlusal plane during centric closure.

Neither Halldin et al. (6,824,386) nor Kumar (6,382,977) view this as essential and cannot singly or in combination obtain this result. Both use a single impression tray, not a triple tray. Neither restricts the projection of the implant abutment and transfer cap into the occlusal plane. This is the crux of applicant's invention. He intends "low profile" to restrict the extension of the registration apparatus to below the occlusal plane. Only by teaching the use of non-interfering impression caps can the triple tray be used. Applicant therefore wishes to further restrict his claims by including the phrase: "non-interfering in the occlusal plane." By this he means not extending into the occlusal plane during centric closure, or remaining non-interfering in centric closure, or low profile of a height not interfering with centric closure.

The vertical blade illustrated in Kumar's drawings, if in proportion, extends well into the occlusal plane. His Drawing 13 shows the use of a single impression tray. His specification and claims do not anticipate the use of a time and money saving triple tray or the need to remain below the occlusal plane.

In Halldin et al. (6,824,386) in figures 10c through 10g, and figures 11c through 11g, the impression cap is shown extending into the occlusal plane far enough to interfere with the use of a triple tray with centric closure. A non-intrusive impression cap is never taught by Halldin or Kumar.

Whereas, applicant's drawings show impression caps and or abutments of differing heights, none are intended to extend high enough to interfere with centric closure. It is assumed by

applicant, that in certain cases, local bone recession or jaw morphology may require a taller abutment and cap without extending above the plane of occlusion and thereby interfering with the use of the triple tray. In fact, applicant has stated the following in his detailed description of his drawings: "As an example, Figure 4 illustrates implants 1 and 32 set to varying depths where line 34 schematically represents the soft tissue line. In this case, implant abutments 102 and 105 are of same length. Using a low profile winged impression cap with elongated body 33 places the tops 24 of winged impression caps 4 and 31 **in approximately the same plane below the occlusal plane.**"

Applicant has chosen a blade perpendicular to the occlusal plane and extending in the buccal and lingual directions to minimize distortion of the final model while accommodating the use of the triple tray. A vertical blade with extension in the buccal and lingual directions does not interfere with the proximal teeth. The use of a shorter horizontal blade will not offer enough counterforce against rotational torque to prevent misalignment of the final prosthesis.

A marked up and a clean set of revised claims are submitted.